

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>hm</i>	<i>10</i>	<i>05-25-01</i>
FORMALITY REVIEW	<i>SH</i>	<i>1025</i>	<i>06-27-01</i>
RESPONSE FORMALITY REVIEW	<i>SK</i>	<i>809</i>	<i>11-14-01</i>

*09/846727*

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*06-25-01*

*loc*  
*11-8-01*  
*907*

*12/10/01*